

If your client meets any of the following EXCLUSIONARY criteria, the application will not be processed.

- 4. Be a violent offender by Federal definition.

Wis. Stat. § 165.95 Alternatives to incarceration; grant program.

(1) In this section, "violent offender" means a person to whom one of the following applies:

(a) The person has been charged with or convicted of an offense in a pending case and, during the course of the offense, the person carried, possessed, or used a dangerous weapon, the person used force against another person, or a person died or suffered serious bodily harm.

(b) The person has one or more prior convictions for a felony involving the use or attempted use of force against another person with the intent to cause death or serious bodily harm.

*****All final decisions are made by the Manitowoc County Drug Court Team*****

APPLICANT INFORMATION:

Contact Phone #: _____ Date of Birth: _____ SS#: _____

Race: _____ Hispanic? YES NO Gender Identity: _____

Primary Language: _____ Interpreter needed? YES NO Marital Status: _____

Highest Level of Education: _____ High School Graduate: YES NO

Employment Status (include shift/work hours): _____

How many months have you been employed full-time in the past year? _____

Are you a Veteran? YES NO If yes, Dates Served: _____ Branch

Discharge: _____

Do you have a valid driver's license? YES NO

Insurance: _____ Guarantor/Relationship: _____

Do you have any children? YES NO If yes, please provide ages: _____

Type of Housing: _____ How long have you lived in Manitowoc? _____

How many times have you moved in the last 6 months? _____

Who do you live with currently? (Include name and relationship to you):

_____	_____
Name	Relationship to you
_____	_____
Name	Relationship to you
_____	_____
Name	Relationship to you
_____	_____
Name	Relationship to you
_____	_____
Name	Relationship to you

Previous or current AODA Treatment (e.g. detox, residential, outpatient)

Location	Provider Name	Approximate Dates
Location	Provider Name	Approximate Dates
Location	Provider Name	Approximate Dates

Previous or current Mental Health Treatment (e.g. hospitalization, residential, outpatient):

Location	Provider Name	Approximate Dates
Location	Provider Name	Approximate Dates

Date of arrest (if applicable): _____

Current/Pending Charges: _____

Case Number and Branch: _____

Next Scheduled Court Date: _____

Type of Hearing (Pre-Trial, Trial Sentencing): _____

Supervision Status: _____ Agent: _____

List any general health concerns: _____

CRITERIA FOR PARTICIPATION

I understand that I will be required to submit to/complete the following requirements if I am accepted into Drug Court and have acknowledged my understanding by initialing each requirement below.

- ____ 1. Remain alcohol/drug free.
- ____ 2. Submit to random, observed urine screens and/or any recommended toxicology testing at least 3 times per week.
- ____ 3. Attend treatment per assessment and treatment plan specifications.
- ____ 4. Attend at least 3 self-help meetings per week.
- ____ 5. Appear in Drug Court at scheduled appearance times (Wednesdays at 9:00 am).
- ____ 6. Meet with case manager at least 1 time per week or as recommended.
- ____ 7. Meet with Probation Agent as scheduled based on Phase of the program.

____8. I understand that the frequency of some of the requirements might be increased should it be in the best interest of my rehabilitation.

***Upon acceptance into the Drug Court program, a complete list of the rules and expectations will be provided. ***

ESSAYS/Applicant;

1. Explain your reasons for wanting to participate in Treatment Court at this time. (Write clearly)

I, _____, understand and agree that if I am accepted into the Manitowoc County Treatment Court Program, I will comply with the Treatment Court Conditions/Terms of Participation. Upon sentencing, I must agree to a length of probation of **at least** 24 months; I must sign all Releases of Information, as requested by the Treatment Court. If I am not accepted into the program, the information in this application may **NOT** be used against me in any criminal or revocation proceeding.

Signature of Participant _____ Date _____

Counsel or Referent for Participant/**Print Name** _____ Signature _____ Date _____

Mailing Address and Contact # for Defendant's Counsel _____ Contact #: _____
Address: _____

PLEASE COMPLETE ALL AUTHORIZATIONS TO RELEASE INFORMATION & SEND WITH APPLICATION

For Office Use Only:

Accepted: Y N _____ Date: _____

Denial Reason: _____

